

LEGO CAMP 2016

By Play-Well TEKnologies



At the Barrington Bay Spring Community Center

*Ages 5 – 6
Tuesday to Friday*

August 9 – August 12

9:00am-Noon

*Ages 7– 11
Tuesday to Friday*

August 9 – August 12

1:00pm-4:00pm

Pre-Engineering AGES 5-6: Let your imagination run wild with tens of thousands of LEGO®! Build engineer-designed projects such as boats, bridges, mazes and motorized cars, and use special pieces to create your own unique design! Explore the endless creative possibilities of the LEGO® building system with the guidance of an experienced Play-Well instructor. This is an ideal way to prepare young builders for the challenge of Engineering FUNdamentals.

Engineering Fundamentals AGES 7-11: Power up your engineering skills with Play-Well TEKnologies and tens of thousands of LEGO®! Apply real-world concepts in physics, engineering, and architecture through engineer-designed projects such as arch bridges, skyscrapers, motorized cars, and the Battle-track! Design and build as never before, and explore your craziest ideas in a supportive environment. An experienced instructor will challenge new and returning students to engineer at the next level.

Fee: \$125

For more information please call (401) 247-1900 x 381 OR email: recreation@barrington.ri.gov

LEGO CAMP 2016

At the Barrington Bay Spring Community Center

170 Narragansett Ave, Barrington, RI 02806

Tuesday - Friday

August 9– August 12

9:00 AM – Noon, Ages 5-6

1:00pm-4:00pm, Ages 7-12

Fee: \$125: 2 separate check payments required

(\$25 payable to 'Town of Barrington', \$100 payable to 'Play-Well TEKnologies')

Child's Name: _____ M _____ F _____

Address: _____ City: _____ State: _____ Zip: _____

Birth Date: ____/____/____ Age: ____ Grade (as of fall 2016) _____

Cell Phone(s): _____ Home Phone: _____

Allergies/Medical Conditions/Medications: _____

Email: _____

Additional Pick Up's:

1. Name: _____ Phone Number: _____

2. Name: _____ Phone Number: _____

Initial one:

_____ **Yes, I give permission for my child to be photographed**

_____ **No, I DO NOT give my permission for my child to be photographed**

Parent / Guardian (Print) _____

Parent / Guardian (Signature) _____

Official Use Only:

AMOUNT PAID _____ CHECK # _____ CASH _____ Receipt # _____

AMOUNT PAID _____ CHECK # _____ CASH _____ Receipt # _____

Mail completed form and waiver with 2 **separate** check payments

(\$25 payable to Town of Barrington (Admin Fee), \$100 payable to Play-Well TEKnologies) to:

Town of Barrington, Attention: Recreation Department, 283 County Rd, Barrington, RI 02806.

Or bring to the Recreation Department (lower level of Town Hall / cemetery side) two weeks prior to the beginning of camp.

Child's Name: _____ Child's Date of Birth: _____

Child Camp Waiver Form 2016

1. I, the parents/guardian of the name child(ren), hereby give my approval for his/her participation in any/all activities during the Barrington Recreation Department's 2016 programs. I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and hereby waive, release, absolve, indemnify, and agree to hold harmless all individuals responsible for the conduct or activity involving my child(ren).

2. **MEDICAL CONDITIONS:** I understand that children requiring special attention are reviewed on a case-by-case basis with the recreation and program director(s). I understand that the Recreation Department does not receive specialized training for various special needs, but will work with individuals as appropriate. I will provide as much detail as possible, including any physical/emotional needs or medications involved so the staff will be able to provide a positive experience for each child. The Director of Recreation reserves the right to withdraw children from the program if we are unable to meet the special needs of the child.

Medical Conditions/and or Allergies: _____

3. **RISK FACTORS:** The undersigned understands and acknowledges that the use of equipment, facilities and services provided by the Town of Barrington Recreation Department involves risks such as, but not limited to, the following which might result from the use of equipment or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency medical care - RISK OF PROPERTY DAMAGE, BODILY INJURY, AND POSSIBLE DEATH, and that he assumes all risks that arise from, but not limited to, those risk factors described above.

4. **RELEASE:** The undersigned releases the Barrington Recreation Department and the Town of Barrington, its employees and agents, and agrees not to sue them on account of or in conjunction with any claims, causes of action, injuries, damage, cost of expenses arising out of the activity, including those based on death, bodily injury or property damage whether or not caused by the acts, omissions or other fault of the parties being released.

5. **EMERGENCY TREATMENT CONSENT:** The undersigned, as a participant in the subject activity, hereby consents to medical treatment in a medical emergency where the undersigned is unable to consent to such treatment.

6. **ACKNOWLEDGMENT:** The undersigned has read and understands this agreement.

7. **WITHDRAWAL & REFUND POLICY:** An email or mailed written withdrawal request up to 2 days prior to the start of the program will receive a full program fee refund. Withdrawals after August 4, 2016 will receive no refund. The administrative fee of \$25 is non-refundable.

Parent / Guardian _____
Signature

Parent / Guardian _____ Date: _____
Please print

EMERGENCY CONTACT INFORMATION:

Name of Contact: _____ Telephone: _____

BARRINGTON RECREATION SUMMER CAMP

CODE OF CONDUCT

As we welcome your children into our summer camps, we expect a certain level of behavior that will be enforced and encouraged. The expectation is that campers will behave appropriately with all members of the day camp, and respect the counselors and camp equipment.

Our staff will use a positive approach to discipline and will seek parental support to resolve behavior issues that are disruptive to the camp. Campers who continue to be disruptive after consultation may be dismissed from the program. If you feel it will be beneficial to speak with the Recreation Director, please contact Michele Geremia at 401-247-1900 x381.

We will review the Code of Conduct with your child on the first day of camp so he/she fully understands our expectation. By providing you with a copy, we can work together to create a respectful atmosphere, which will lead to both a positive and enjoyable camping experience for all.

1. Show respect to all campers and staff, and treat them, as you would like to be treated.
2. Come to camp each day prepared to cooperate with your counselor and instructor by taking part in activities that have been selected for that day.
3. Respect the rights of other campers and treat each other with courtesy, consideration and respect.
4. Communicate in an appropriate manner. Inappropriate language, harsh words or gestures are not part of our camp experience.
5. Conduct yourself responsibly by understanding that horseplay, teasing or picking on any individual or bullying will not be tolerated.
6. Behaviors such as hitting, pushing, kicking, fighting or name-calling is unacceptable.
7. Use program equipment, supplies and facilities, appropriately. Return any equipment or material to its proper place after use.
8. Each person is responsible for his/her own behavior and proper behavior leads to a great summer of fun.

I have read the Barrington Recreation Summer Camp Code of Conduct and understand the expectations of my child in camp.

Parent/Guardian (Signature)

Date

Parent/Guardian (Printed)

Child's Name (Printed)

We are excited to have your child at our camp this summer!
Our goal is for your child to have a great experience.

Please help us by answering the following questions:

Tell us about your child's likes/dislikes that may affect his/her camp experience:

Is your child comfortable participating in group activities? _____ YES _____ NO

When your child is upset, what is the best way for our camp counselors to handle the situation?

Tell us about any concerns you may have in regards to your child attending our camp.

If you checked off Allergies/Medical Conditions/Medications on the registration page, please provide us with detailed additional information that will help our counselors handle different situations that may arise from Allergies/Medical Conditions/Medications accordingly. _____

Would you like to meet with the Leisure Services Director, Michele Geremia, prior to camp to discuss your child's needs? _____ YES _____ NO